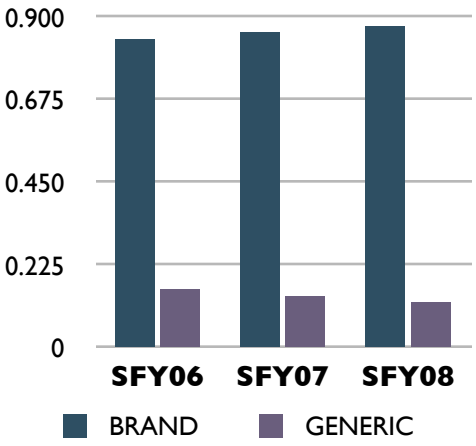
Generic News



WHAT'S IN THE NEWS

Why All the Fuss about Generics?

In 2008 HRSA spent $413 million on prescription drugs. Of that $413 million, 80% was spent on brand-name. That means more money was spent on brands than the Basic Health Program spent to insure 100,000 people.

So how are we doing in generic use? As measured by the generic fill rates (i.e. the use of all generic options) our 63% generic use is low compared to other Medicaid states and efficient clinics that are at or exceed 80%.

Why has the generic use fallen far behind? The market has changed with many generic alternatives and high-cost "me too" drugs. The question is "are they more effective than the generic?"

Why does this matter? It matters because for each 1% increase in generic use, the state would save $4 million. How do we save money without compromising quality? We start by better informing you on issues and costs.

The following elements are part of HB5892 passed during this legislative session. We need to work with you on understanding the science, client needs, the costs and variation in prescribing.

First, we have approximately 200 prescribers using Dis pense as Written (DAW) to write non-preferred brand drugs on 90-100% of their Medicaid scripts. We would like the opportunity to talk to these prescribers. This is not a report card but an information opportunity.

Second, we would like to routinely add generics and Over the Counter (OTC) as preferred agents on the Preferred Drug List (PDL) as they become available. This will give you the option for a less expensive drug. You are still free to prescribe branded agents as an endorsing provider.

Third, we would like to work with you and your peers in improving generic use. This may require placing limits where brand and generics have equal effectiveness yet brand has higher than expected use in new starts.

Last, there is a great deal of "off-label" drug use, some with serious safety considerations. We will work with you to consider FDA-approved alternatives.

Q&A

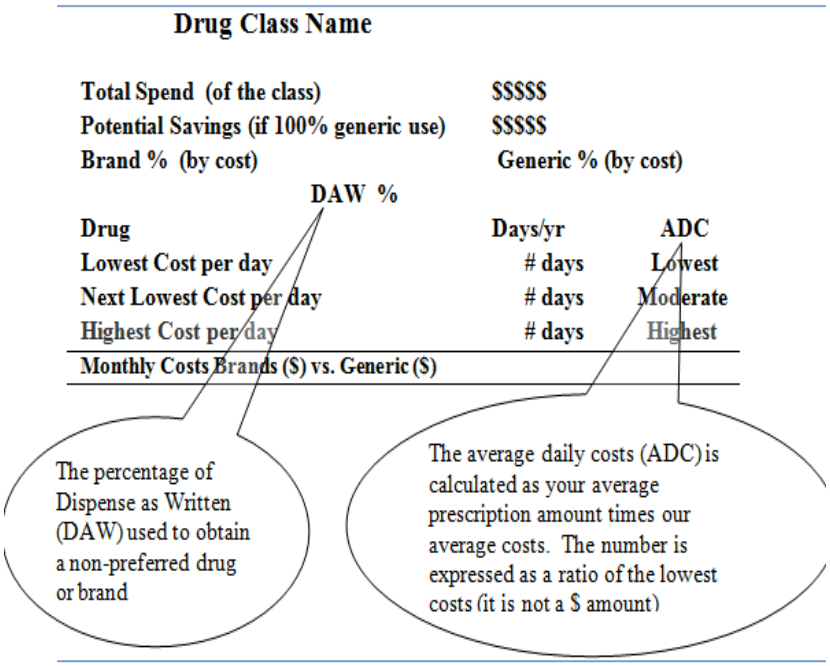
HB5892 HAS SOME NEW ELEMENTS

Does the state expect prescribers to stop medications and prescribe generics?	No. The state is not interested in disrupting stable patients already on medication. Refill protections for mental health drugs still apply. However, we would ask that you review the material in this newsletter and consider the value of generics over brand.
What about the anti-psychotics?	Refill protections apply, and again, the state will not expect stable patients to be switched to a new generic. We do encourage you to contact Medicaid to obtain a 12-month prescription history. With this information you can determine if the patient is adherent. http://fortress.wa.gov/dshs/maa/pharmacy/ToolKit.htm
How will this affect the Preferred Drug List and the use of Dispense as Written?	Nothing changes. You still have DAW, a preferred list, the P&T committee, and there is no change to your endorsing status. The pharmacist will not treat your script differently. You will simply get more information about statewide prescribing. However, if there is a larger than expected brand use and the Drug Utilization Review Committee agrees, the state may ask you to consider a generic for a new start or ask you to explain the medical necessity of a brand.
Why so much interest in generic and not preferred drugs?	The preferred drug list has served you and the state well. It began at a time when many drug classes had brand-only options. Selecting a preferred and non-preferred allowed the state to ask for better rebates (i.e. discounts) for the status of preferred. In general, purchasers who are able to shift utilization to a single brand(s) are more likely to receive greater rebates than those who do not. However, when there are generic options the unit cost is almost always less than the brand (see the relative Average Daily Costs for a comparison). Pharmacy strategies involve maximizing three issues 1) the percent of prescriber's choice of generics, 2) rebates/discounts made available to the payer and 3) use of co-pays made by the patient. Since Washington Medicaid clients have no co-pays we need to work with you to improve generic use.

HOW DO WE MEASURE GENERICS?

We will provide you with reports of Medicaid's total drug spending, brand and generic rates, DAW use, and potential savings to Washington State (i.e., what if 100% of usage were shifted to the lower-cost generic)?

Finally we show you the relative average monthly costs between brand and generics. We ask you consider the clincal and cost value.



PPI: WHY COVER AN OTC?

Did you know that Proton Pump Inhibitors were the fourth most expensive drug class for Medicaid?

What does the science say? The waiting time for relief of heartburn was similar for all PPIs in head-to-head trials, but the methods used to measure this outcome varied. Good evidence shows there is no comparative difference between omeprazole, lansoprazole, pantoprazole and rabeprazole for healing of esophagitis or relief of GERD symptoms. For maintenance of healed esophagitis, evidence shows no comparative difference between omeprazole, lansoprazole, and rabeprazole.

Question, could the generic be tried first? Do you get 3 to 9 times the relative clinical value between brand and generics PPIs?

PPI

Total Spend	**$16,597,322**	
Potential Savings	$9,916,705	
Brand 90%	Generic 10%	
DAW 15%		
Drug	Annual Days Supplied	Avg. Daily Cost ratio*
PRILOSEC OTC	3,467,716	1.00
OMEPRAZOLE	1,987,135	1.23
ZEGERID	27,934	3.38
PROTONIX	787,351	3.69
PREVACID SOLUTAB	228,493	3.85
PREVACID CAPSULE	2,347,477	3.85
NEXIUM	810,418	4.23
ACIPHEX	217,545	5.54
PREVACID SUSP.	11,625	6.38
PRILOSEC	53,243	9.77

Monthly Costs Brands ($145) vs. Generic ($82)

* Average daily costs are relative values (ratios of least costly to most costly - ADC is not a $ value)

STATINS: PDL GENERIC IS OFFERED!

Your P&T committee recommends that there be at least one high potency statin on the PDL. As you can see the most prescribed is Lipitor, which will not have a generic until 2012. There are 3 new low potency generics.

When statins are provided in doses that reduce LDL-c by equivalent amounts, a similar percent increase in HDL-c can be achieved. There is conflicting evidence about simvastatin vs. atorvastatin. Some studies found greater increases in HDL-c with rosuvastatin compared with atorvastatin, while other studies found no difference. Do all new starts need high potency or could a generic be tried first?

STATINS	
Total Spend	**$7,782,623**
Potential Savings	$6,541,642
Brand 90%	Generic 10%
DAW 22%	

Drug	Annual Days Supplied	Avg. Daily Cost ratio*
LOVASTATIN	2731952	1.00
SIMVASTATIN	3396524	1.13
PRAVASTATIN SODIUM	718995	1.59
CRESTOR	1511320	2.67
LESCOL	20522	3.83
LESCOL XL	19610	4.74
LIPITOR	3588976	4.95
ZOCOR	33926	5.16
MEVACOR	990	6.67
PRAVACHOL	24627	7.03
ALTOPREV	1095	9.31

Monthly Costs Brands ($101) vs. Generic ($4)

* Average daily costs are relative values (ratios of least costly to most costly -

Long-Acting Opiates: TWO THINGS HAPPENING IN THE DRUG CLASS!

This is a class with two issues: very expensive brands and very high doses. In fact, there is so much high-dose prescribing that Washington State's prescription narcotic death rate is the fifth highest in the country, and 50% of those deaths are Medicaid clients.

What is the current science? There is insufficient evidence from eight head-to-head trials to suggest that one long-acting or short-acting opioid is superior to another in terms non-cancer pain.

Long Acting Opiates	
Total Spend	**$9,991,360**
Potential Savings	$4,796,977
Brand 56%	Generic 44%
DAW 16%	

Drug	Annual Days Supplied	Avg. Daily Cost ratio*
METHADONE/METHADOSE	1158146	1.00
MORPHINE SULFATE	986667	3.39
ORAMORPH SR	974	4.01
DURAGESIC	14540	7.49
LEVORPHANOL	2818	9.81
AVINZA	17593	11.30
KADIAN	42218	11.76
OXYCONTIN	255027	12.72
FENTANYL PATCH	289516	12.98
OPANA ER	14075	21.22
MS CONTIN	3032	37.06

Monthly Costs Brands ($357) vs. Generic ($201)

NSAIDS: WHAT DID WE LEARN FROM VIOXX?

The AHRQ found no clear differences in efficacy between celecoxib and non-selective NSAIDs. Partially selective NSAIDs were not associated with any clear safety advantages.

Celecoxib and nonselective NSAIDs were associated with similar pain reduction effects in published trials (OA, soft tissue pain, ankylosing spondylitis, or RA). In the largest trial of patients with osteoarthritis (SUCCESS- 1), celecoxib, diclofenac and naproxen had similar pain reduction effects.

The 1-year risk of serious GI bleeding ranges from 1 in 2,100 but higher with older ages.

Celecoxib vs. nonselective NSAID there is evidence showing short-term GI safety with fewer GI complications for celecoxib; however, long-term GI safety is inconclusive. Evidence suggests a higher CV risk (primarily MI) for celecoxib dosed at 200 or 400 mg twice daily, or 400 mg once daily.

Do you get 10 -50 times the clinical value in the more expensive brands?

Total Spend	**$2,095,500**		
Potential Savings	$ 1,101,334		
Brand 55%	Generic 45%		
	DAW 5.74%		
Drug	Annual Days Supplied	Avg. Daily Cost	ratio*
IBUPROFEN	1698555	1.00	
DICLOFENAC	575831	1.24	
MOTRIN	7182	1.34	
SALSALATE	41812	1.53	
PIROXICAM	385820	1.69	
NAPROXEN	1303690	1.92	
FENOPROFEN	1075	2.16	
SULINDAC	95315	2.12	
OXAPROZIN	78085	2.64	
MELOXICAM	327128	2.73	
ETODOLAC	258256	3.91	
AMIGESIC	1384	4.78	
INDOMETHACIN	91134	4.81	
NABUMETONE	504417	4.14	
FLURBIPROFEN	13616	3.54	
NAPROXEN	96968	3.43	
VOLTAREN	225	5.11	
NALFON	437	5.92	
NAPROSYN	455	6.10	
KETOPROFEN	24858	6.17	
NAPRELAN	570	6.57	
KETOROLAC	19907	6.64	
DICLOFENAC	14575	7.20	
TOLMETIN	2815	7.30	
DIFLUNISAL	24819	7.55	
DICLOFENAC SA/ER/EC	107089	8.02	
NAPROXEN EC	3796	8.59	
NAPROXEN SODIUM SA	1333	8.77	
KETOPROFEN SA	457	9.49	
ETODOLAC SA	8368	10.58	
INDOMETHACIN SA	26695	11.35	
CELEBREX	677330	11.53	
VOLTAREN XR	520	11.82	
MOBIC	10114	12.80	
FELDENE	215	14.26	
VOLTAREN SA/EC	550	21.41	
MECLOFENAMATE	4139	25.10	
PONSTEL	320	55.47	
Monthly Costs Brand ($119) vs. Generic ($5.27)			

ADHD: AN EVOLVING DRUG CLASS

Medicaid is not interested in taking kids off their medications when they are stable. Please consider the following science in prescribing for new starts or when there is non-adherence.

The American Academy of Pediatrics guidelines do not prefer one ADHD medication over the other, and found no difference between these stimulants. There are no trials of comparative effectiveness of these drugs for treatment of ADHD. Good quality evidence is lacking on the use of drugs to affect outcomes relating to global academic performance, consequences of risky behaviors, social achievements, etc.

The evidence for comparative efficacy and adverse events of drugs for treating ADHD is severely limited by small sample sizes, very short durations, and the lack of studies measuring functional or long-term outcomes.

Question, "Does every child need a long-acting brand agent?"

If you have questions DSHS, UW and Children's Medical Center have a comprehensive set of guidelines at: http://www.palforkids.org/resources/.

ADHD		
Total Spend	**$**	**14,426,712**
Potential Savings	$	12,502,349
Brand 97%	Generic 3%	
DAW 10.75%		
Methylphenidates	Annual Day Supplied	Avg. Daily Cost ratio*
short acting		
METHYLPHENIDATE HCL	231665	1.00
METHYLIN	195547	3.12
RITALIN	4853	3.76
DEXMETHYLPHENIDATE	4201	3.87
FOCALIN	47217	3.76
intermediate		
METHYLPHENIDATE ER/SA	41987	1.80
METHYLIN ER - 10 mg	14279	3.45
METHYLIN ER - 20 mg	29837	3.92
METADATE ER	2107	4.01
RITALIN SR	991	8.37
long acting		
FOCALIN XR	219443	5.26
CONCERTA	1214655	6.76
DAYTRANA	54334	6.98
METADATE CD	99115	8.42
RITALIN LA	126567	9.07
Amphetamines	Annual Day Supplied	Avg. Daily Cost*
short acting		
AMPHETAMINE SALT COMBO	372301	1.41
DEXTROAMPHETAMINE	66207	1.63
DEXEDRINE	195	2.49
DEXTROSTAT	2316	2.79
ADDERALL	4438	3.42
intermediate		
DEXEDRINE SA	5059	3.41
DEXTROAMPHETAMINE SA	88673	3.77
VYVANSE	9684	7.47
long acting		
ADDERALL XR	955255	6.43
Other ADHD Medications		
STRATTERA	795008	11.25

Monthly Costs Brands ($125) vs. Generic ($14)

* Average daily costs are relative values (ratios of least costly to most costly - ADC is not a $ value)

ANTI-DEPRESSANTS: LOTS TO CHOOSE FROM!

Medicaid is not interested in taking stable patients off their mental health medication. However, in a new start or in someone non-compliant please consider the following:

Seventy-two head-to-head trials compared the effectiveness and efficacy of one selective serotonin reuptake inhibitor or other second-generation antidepressant to another. Overall, effectiveness and efficacy were similar, and the majority of trials did not identify substantial differences between the drugs.

Discontinuation rates and response and remission rates assessed on multiple diagnostic scales did not differ substantially when taking all the evidence into consideration. Differences between medications exist in speed of response and some aspects of health-related quality of life.

Question,"Could new starts or non-adherent patients start on the lower cost/equally effective treatment for depression?" "Do you get 21 to 28 times the value comparing brands and generics ADCs?"

Twelve month prescription history are available at:

http://fortress.wa.gov/dshs/maa/pharmacy/ToolKit.htm

Antidepressants

Total Spend	**$16,597,046**	
Potential Savings	$11,289,830	
Brand 75%	Generic 25%	
	DAW 6%	
SSRI	Annual Day Supplied	Avg. Daily Cost ratio*
CITALOPRAM	3661837	1.00
SERTRALINE	2261409	1.65
FLUOXETINE	3068502	1.74
PAROXETINE	1867611	2.65
FLUVOXAMINE MALEATE	106403	4.80
PAXIL - Tablet	4937	8.92
CELEXA	16687	9.50
LEXAPRO	1500974	10.48
ZOLOFT	35239	11.51
PAXIL - Suspension	854	14.01
PEXEVA	150	15.19
PAXIL CR	71967	17.06
SARAFEM	1021	18.55
PROZAC	13785	20.82
PROZAC WEEKLY	10826	24.23
LUVOX	270	28.21
SNRI		
EFFEXOR	6167	12.28
EFFEXOR XR	2079657	13.93
VENLAFAXINE HCL*	278861	17.56
CYMBALTA	1329201	21.96
Other		
BUPROPION	257600	2.76
MIRTAZAPINE	845749	2.86
WELLBUTRIN SR	15475	3.88
WELLBUTRIN XL	243313	6.45
BUPROPION SR	1376780	7.05
WELLBUTRIN	944	8.22
BUDEPRION SR	534479	13.77
REMERON	4560	14.21
NEFAZODONE	38367	14.60
BUPROPION XL	244235	21.11
BUDEPRION XL	285188	23.68

Monthly Costs Brands ($120) vs. Generic ($19)

* Average daily costs are relative values (ratios of least costly to most costly - ADC is not a $ value)

* Generic Venlafaxine is a new generic and prices will drop sharply over time